

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s): Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Erik W. Taylor			
II. Name of Lobbyist's	partnership, firm or corporation, if	any:	
	GALLAGHER, CALLA		•
	214 North Main Stre		
603-228-1	· · · · · · · · · · · · · · · · · · ·	6-3334	shapiro@gcglaw.com
(Telepho	ne) (Fa	ax)	(Email)
	vers: (Choose one – file separate repo asactions which are not attributable		t, OR you may file a separate report for
X All reportable tra	ansactions occurring in the month prior	to the reporting da	te relative to the following client.
	NORTHEAST REHABILIT	ATION HEALTI	ł NETWORK
	(Full Name of Client as it appears on		
All reportable tra	• • • • • • • • • • • • • • • • • • • •	e lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report:	April 25, 2018 🔲		July 25, 2018
Reports cover: act	ivity from date of registration to 3/31/i	18 activi	ity from 4/1/18 to 6/30/18
1	October 31, 2018 🗵		January 30, 2019
a	ctivity from 7/1/18 to 9/30/18	activi	ity from 10/1/18 to 12/31/18
V. There have been no If this box is checked, co Concord, NH 03301.	fees received and no reportable tran complete just this form ond submit it to the	sactions made sin he Secretory of Sto	ce the last report. te's Office, Stote House, Room 204,
VI. Check if additions If you have received.	al reports are attached: ived fees or made expenditures, you mu	ust fi le Addend um	A – Fees and Expenses
If you have paid Expense Reimbu	irsement		dendum B - Report of Honorariums or
If you, your firm	, or your family has made political con	tributions, you mus	st file Addendum C - Political Contributions
Sworn Statement/Affir 1 have read RSA 15, RSA to the best of my knowle	A 15-B and RSA 664 and herehy swear	r or affirm that the	foregoing information is true and complete
NK			. 20 18
(人)		_[_($\frac{(Date)}{}$
(Signature of Lobbyist)		(Date)
Lisa K. Shapiro, Ph.D.	<u> </u>	_	
(Print Name of Jobbyis	t)		



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; He	idi L. Kro	ll; Erik W	. Taylor
II. Name of lobbyist's 1	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTREI	LL, P.C.		
	(Name of partnership, firm or corporation	on)		
III. Name of Client	NORTHEAST REHABILITATION HEALTH NETWORK	Date (October 3	1, 2018
lobbying, including fees	nt of all fees received from the client identified above the for services such as public advocacy, government related toring legislation, and related legal work. The gross fe	tions, or pu	blic relatio	ons services,
a) Total of all fees receive	ved in this reporting period		a) \$	15,000.00
	ved this calendar year, prior to this reporting period. le total prior monthly reports for this calendar year.)		b) \$	35,200.00
c) Total of all fees receive (Add lines a and b)	ved to date.		c) \$	50,200.00
d) Indicate the amount of yet been paid.	of any such fees that are due, but have not		d) \$.00
fees. Separate reports at lobbyist(s)/firm that are are to be reported in on reporting period for sala expenses where the expetthe cost was \$25.00 or le purchase of a ceremonia statement of each individual covered by (a) (for examgiven to the subject of legislative reception).	artnerships, firms, or corporations are required to report to be filed for expenditures made relative to each cliquing the total and one client a separate report may be for e of three categories of expenses: (a) the aggregation aries, benefits, support staff, and office expenses; (benditure was of \$25.00 or less (for example: meals puess, purchase of a pen with a value of less than \$10 the cloud of less than \$10 the language of the purchase of a meal with value of greater than \$25 tha	ent and if end for the let total of a let aggrunchased durat is given of \$25.00 or greater than \$5, purchase ter than \$5	expenditure e lobbyist(s all expense egate total uring a bus to the pers or less); an \$25.00 for of a ceren to, restaura	es are made by the sylfirm. Expenses es paid during the lof all individua iness lunch where son being lobbied and (c) an itemized or any purpose no monial object to be ant expenses for a
	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		15,000.00
b) Total aggregate of ex in a), of \$25 or less.	penditures during this reporting period, not reported	_		.00
c) Total of all itemized of	expenditures reported in detail in section VI.	c) \$ -		.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: NORTHEAST REHABILITATION HEALTH NETWORK		
d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$ _	15,000.00
e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.)	e) \$ _	30,200.00
f) Total of all expenses year to date.	f) \$ _	45,200.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fee period, including by whom paid or 10 whom charged.	es during this	reporting
Paid to:	Am	nount
	^{\$}	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.	foregoing in	nformation
-2KS	(Date)	18
(Signature of lobbyist)	(Date)	

Lisa K. Shapiro, Ph.D. (Print Name of Lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:					
Name of	Lobbying part	nership, firm or corpor	ation: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.	
		lank if Statement is for ortheast Rehabilitation	• • • • • • • • • • • • • • • • • • • •	rporation and not related to any	
Date of	Report (check d	one):			
April 25,	2018 🗆	July 25, 2018 🗆	October 31, 2018 X	January 30, 2019 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
<u>l</u> Ad	dendum A(s).				
<u>0</u> Ad	dendum B(s).				
<u>0</u> Ad	dendum C(s).				
		that the foregoing info my knowledge and beli		nd each Addendum is true and	
<u> </u>	ent al	Vorsanny		10-18-18	
(Signati	ire of Lobbyist)	δ		(Date)	
	Worsowicz	·			
(Print 1	Name of lobbyis	it)			

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:					
Name of Lobbying parti	nership, firm or corpor	ration: GAŁLAGHER, CAI	LLAHAN & GARTRELL, P.C.		
,	lank if Statement is fo ortheast Rehabilitati	•	rporation and not related to any		
Date of Report (check of	one):				
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🔀	January 30, 2019 □		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
1 Addendum A(s).					
0 Addendum B(s).					
0 Addendum C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
*					
While J.K	wil		10.19.2018		
(Signature of Lobbyist)			(Date)		
Heidi L. Kroll		·			
(Print Name of lobbyis	it)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying par	tnership, firm or corpor	ration: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.	
	blank if Statement is fo Northeast Rehabilitation		rporation and not related to any	
Date of Report (check	one):			
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018	January 30, 2019 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
(Signature of Lobbyis	J./		10 /10/18 (Date)	
Erik W. Taylor (Print Name of lobby	ist)			